

1. CIR./DIST./DIV. CODE AKX	2. PERSON REPRESENTED NUNEZ, GERSON	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 3:99-000036-002	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. NUNEZ	8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED Appellant	10. REPRESENTATION TYPE (See Instructions) * Crack Retroactive Amendment

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix)  
AND MAILING ADDRESS

PHARR, JOHN C.  
733 W. 4TH AVENUE  
SUITE 308  
ANCHORAGE AK 99501

Telephone Number: (907) 272-2525

14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)

JOHN C. PHARR  
733 W. 4TH AVENUE  
SUITE 308  
ANCHORAGE AK 99501

### 13. COURT ORDER

- ☒ O Appointing Counsel ☐ C Co-Counsel  
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney  
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

- ☐ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel, and (2) does not wish to waive counsel, and because the interests of justice require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or  
☐ Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court

01/17/2008

Date of Order

Name Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment. ☐ YES ☐ NO

RECEIVED  
MAR 07 2008  
CLERK U.S. DISTRICT COURT  
ANCHORAGE, A.K.

CATEGORIES (Attach Itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(Rate per hour = \$ ) TOTALS:						
Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ ) TOTALS:						
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

### 22. CLAIM STATUS

☐ Final Payment

☐ Interim Payment Number \_\_\_\_\_

☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this case? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO

Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney: \_\_\_\_\_

Date: \_\_\_\_\_

23. IN COURT COMP.

24. OUT OF COURT COMP.

25. TRAVEL EXPENSES

26. OTHER EXPENSES

27. TOTAL AMT. APPR./CERT

28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER

DATE

28a. JUDGE / MAG. JUDGE CODE

29. IN COURT COMP.

30. OUT OF COURT COMP.

31. TRAVEL EXPENSES

32. OTHER EXPENSES

33. TOTAL AMT. APPROVED

34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.

DATE

34a. JUDGE CODE